## **SIGN APPLICATION**

## **Community Development**

110 North 1<sup>st</sup> Street, Indianola, Iowa 50125-0299 (515) 961-9430 • comdev@indianolaiowa.gov



## CONTRACTOR (if not Property Owner) **PROPERTY OWNER** (Last Name) \_\_\_\_\_\_ (Company Name) (First Name) \_\_\_\_\_ (State of Iowa Registration Number) (Address) \_\_\_\_\_\_ (Address) (City) \_\_\_\_\_(State) \_\_\_\_(Zip) \_\_\_\_ (City) \_\_\_\_\_(State) \_\_\_\_(Zip)\_\_\_ (Phone) \_\_\_\_\_(Email) \_\_\_\_\_ **SIGN EXEMPTION SIGN PERMIT** SIGN APPEAL **Submittal Requirements: Submittal Requirements: Submittal Requirements:** All submittal requirements must be completed. All submittal requirements must be completed. All submittal requirements must be completed. Incomplete applications will not be considered Incomplete applications will not be considered Incomplete applications will not be considered ☐ Property Address: ☐ Property Address: ☐ Property Address: ☐ Completed Application ☐ Completed Application ☐ Completed Application ☐ Filing Fee: <u>See Fee Schedule</u> ☐ Filing Fee: \$50 per request ☐ Filing Fee: \$50 per request ☐ Site Plan and Elevations ☐ Site Plan and Elevations ☐ Type of Sign: ☐ Site Plan and Elevations ☐ Written narrative indicating the Section of ☐ Written narrative stating the decision appealed ☐ Detailed plans indicating: Chapter 167 of the Code of Ordinances of from, the date of the decision and the reason ☐ Length, width, thickness, total square feet Indianola, Iowa under which the exemption is that the applicant feels that the administrative ☐ Ground sign setbacks and height sought and stating the grounds on which it is officer was in error. ☐ Percentage of building face of wall sign requested. ☐ Other Information as required by Director ☐ Other Information as required by Director ☐ Other Information as required by Director I certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this appli-**FOR OFFICE USE ONLY:** Code to 45180 (Sign Permit) cation I am acting with the knowledge, consent and authority of the owner(s) of the property. Pursuant to said authority, I here-41800 (Exemption/Appeal) by permit City officials to enter upon the property for the purpose of inspection related to this application. Date Received: Receipt No: Signature Receipt Amount: Name (printed) \_\_\_\_\_\_